## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

	HUMANE	SOCIETY	LEGISL	ATIVE	FUND
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Full Name (Last, First, Middle Initial) of Payee		Date				
Mike Markarian		M M / D D / Y Y Y Y Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Mailing Address 1206 Maryland Avenue, NE		Amount 2 0 0 8				
City Stat	te Zip Code	21.94				
Washington DC	•					
Purpose of Expenditure	Category/	Office Sought: X House State: MI				
Staff Time	Туре	House Senate District: 09				
Name of Federal Candidate Supported or Opposed by Exper Joseph K Knollenberg	nditure:	Check One: Support X Oppose				
Calendar Year-To-Date Per Election		Disbursement For: Primary X General				
for Office Sought	398707.61	2008 Other (specify)				
Full Name (Last, First, Middle Initial) of Payee Goodwill Printing		Date				
		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
Mailing Address 2000 West Eight Mile Rd		Amount				
City Stat	te Zip Code	540.60				
Ferndale MI	48220					
Purpose of Expenditure	Category/	Office Sought: X House State: MI				
Printing	Type	House Senate				
Name of Federal Candidate Supported or Opposed by Exper	nditure:	President District: 09				
Joseph K Knollenberg		Check One: Support X Oppose				
Calendar Year-To-Date Per Election		Disbursement For: Primary X General				
for Office Sought	398707.61	2008 Other (specify)				
Full Name (Last, First, Middle Initial) of Payee	Date					
Rachel Querry	M M / D D / Y Y Y Y					
Mailing Address		M <sub>1, M</sub> / D <sub>0</sub> D / Y Y Y O 8 Y				
10740 Lake Edge Ct		Amount				
City Stat	te Zip Code	105.00				
New Market MD	21774					
Purpose of Expenditure	Category/	Office Sought: X House State: MI				
Staff Time	Type	House Senate District: 09				
Name of Federal Candidate Supported or Opposed by Exper	President					
Joseph K Knollenberg		Check One: Support X Oppose				
Calendar Year-To-Date Per Election		Disbursement For: Primary X General				
for Office Sought	398707.61	Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTALof Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
(carry total from last page forward to Line 7)						